

## Wellfleet Recreation Extended Day Program Registration Procedure

Approved by the Wellfleet Board of Selectmen 4/27/2015

### Eligibility to Participate:

For an age appropriate child to be eligible to participate in the Wellfleet Extended Recreation Program, the child must be the child of or under guardianship of one of the following:

1. A registered voter in the Town of Wellfleet;
2. An individual listed as a year-round resident on the Town of Wellfleet Street Census for the current year; or
3. An individual listed as a real estate property owner in the Assessor's office with property on which there is a legal dwelling unit and/or that has a real estate tax bill issued with a total annual tax amount owed of \$400.00 or more.
4. Non-resident employee of the Town of Wellfleet (limited to one dependent child per employee)

### Registration Process:

Applicants may register children meeting the above eligibility criteria during an open registration period determined by the Recreation Department, but in no event shorter than two weeks.

If, at the end of the registration period the program is not over subscribed, all registered children may participate.

If, at the end of the registration period the program is over subscribed, spaces in the program will go first to children who had participated in the program the previous year. Any spaces in the program remaining will go to eligible children who registered during the registration period who will be chosen by lot.

If any space in the program remains after placing all who registered during the registration period, the remaining spaces will be available on a first come first served basis.

The Recreation Department will have final authority over all enrollment.

# Wellfleet Recreation Summer 2015

## EXTENDED RECREATION (12-3 PM) Sign-Up Sheet

This year's recreation program runs from June 29 - Aug 14

**Extended times (12:00 noon - 3:00 PM) available and open to 24  
Wellfleet \*Residents/spots allocated based on attached Board of  
Selectman's Procedure**

*(The 20 slots will be filled by varying children weekly, and not necessarily the same 20  
children daily; depending on need.)*

**\*Must be enrolled in 9:00 AM -12 noon Rec Program**

Name of Participant \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Parent/Guardian

Phone# \_\_\_\_\_

Does your child have any illness or handicap that would hinder participation? Yes -  
\_\_\_\_ No \_\_\_\_

If yes please explain-

\_\_\_\_\_

People authorized to pick up your  
child \_\_\_\_\_

\_\_\_\_\_

PEOPLE AUTHORIZED TO BE CALLED IN CASE OF EMERGENCY (Other than  
yourself)

1. Name \_\_\_\_\_ phone  
# \_\_\_\_\_

2. Name \_\_\_\_\_ phone  
# \_\_\_\_\_

Please circle the days that your child will be attending, so that we can maximize the amount of  
children that are able to participate in the program.

**FEES: (\$200.00 for 7 weeks) (\$55.00 for 1 week) (\$20.00 for day)**

WEEK 1 June 29	WEEK 2 July 6	WEEK 3 July 13	WEEK 4 July 20	WEEK 5 July 27	Week 6 August 3	Week 7 August 10
<b>M T R W</b>	<b>M T W R F</b>	<b>M T W R F</b>	<b>M T W R F</b>	<b>M T W R F</b>	<b>M T W R F</b>	<b>M T W R F</b>

**PLEASE MAKE ALL CHECKS PAYABLE TO: TOWN OF  
WELLFLEET**

**Waiver of Liability: I the undersigned, hereby agree to release the Town of Wellfleet and the  
Recreation Department and its staff from all responsibility resulting from injuries or accidents  
which may occur while participating in Wellfleet Recreation's Summer Programs. I also  
understand that participation in any of our Recreation Programs is a privilege and that all  
children will be required to behave in a sportsmanlike manner.**

Date: \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_ Parents name printed \_\_\_\_\_

Office use only  
AMOUNT PAID \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Receipt

# \_\_\_\_\_